

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
2						
3						
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
50						
TOTAL NO.	3					
TOTAL DEF.	39					
TOTAL	42					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
66						
66						
67						
68						
69						
69						
61						
62						
63						
64						
66						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
86						
86						
87						
88						
89						
90						
91						
92						
93						
94						
96						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						

BEST AVAILABLE